

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) **40135146**

Box No. I TITLE OF INVENTION

Surgical Visual Feedback and Eye Fixation Method and Apparatus

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

The Lions Eye Institute Of Western Australia Incorporated
2 Verdun Street
Nedlands, Western Australia 6009
AUSTRALIA

This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:

Australia

State (that is, country) of residence:

Australia

This person is applicant all designated all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of: States

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

VAN SAARLOOS, Paul Phillip
14 Dunster Road
Karrinyup, Western Australia 6018
AUSTRALIA

This person is:

applicant only

applicant and inventor

inventor only (if this check-box is marked, do not fill in below).

State (that is, country) of nationality:

Australia

State (that is, country) of residence:

Australia

This person is applicant all designated all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of: States

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of agent common representative the applicant(s) before the competent International Authorities as:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

NOONAN, Greg
CHERRY, James
DI GIANTOMASSO, Frank
CALLINAN, Keith
JONES, Paul
DAVY, John
TULLOCH, Debra

Freehills Patent Attorneys
Level 47
101 Collins Street
Melbourne, Victoria 3000
AUSTRALIA

Telephone No.

(613) 9288 1577

Facsimile No.

(613) 9288 1567

Teleprinter No.

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DISHLER, Jon

DTC Eye Surgery Centre/Laser Institute of the Rockies
8400 East Prentice Avenue, Suite 1200
Engelwood, Colorado 80111
United States of America

This person is:

- applicant only
 applicant and inventor
 inventor only (if this check-box is marked, do not fill in below).

State (that is, country) of nationality:

United States of America

State (that is, country) of residence:

United States of America

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- applicant only
 applicant and inventor
 inventor only (if this check-box is marked, do not fill in below).

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

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This person is:

- applicant only
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 inventor only (if this check-box is marked, do not fill in below).

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- applicant only
 applicant and inventor
 inventor only (if this check-box is marked, do not fill in below).

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

- | | | |
|--|--|-------|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> LR Liberia | |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LS Lesotho | |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LT Lithuania | |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LU Luxembourg | |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LV Latvia | |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MD Republic of Moldova | |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MG Madagascar | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> MN Mongolia | |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MW Malawi | |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MX Mexico | |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> NO Norway | |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> NZ New Zealand | |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> PL Poland | |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PT Portugal | |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> RO Romania | |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RU Russian Federation | |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> SD Sudan | |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SE Sweden | |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SG Singapore | |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SI Slovenia | |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SK Slovakia | |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> SL Sierra Leone | |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TJ Tajikistan | |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TM Turkmenistan | |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TR Turkey | |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TT Trinidad and Tobago | |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> UA Ukraine | |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UG Uganda | |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America | |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> UZ Uzbekistan | |
| <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> VN Viet Nam | |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> YU Yugoslavia | |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> ZA South Africa | |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> ZW Zimbabwe | |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet: | |
| <input checked="" type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> | |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.*)

Box No. VI PRIORITY CLAIM		Further priority claims are indicated in the Supplemental Box		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 14 August, 1998	PP5284	Australia		
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office*) identified above as item(s): (1)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets

request	:	4
description (excluding sequence listing part)	:	10
claims	:	6
abstract	:	1
drawings	:	2
sequence listing part of description	:	
<hr/>		
Total number of sheets	:	23

This international application is accompanied by the item(s) marked below:

1. fee calculation sheet
2. separate signed power of attorney
3. copy of general power of attorney; reference number, if any:
4. statement explaining lack of signature
5. priority document(s) identified in box No. VI as item(s):
6. translation of international application into (language):
7. separate indications concerning deposited microorganism or other biological material
8. nucleotide and/or amino acid sequence listing in computer readable form
9. Other (specify):

Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application: English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).


NOONAN, Greg
for and on behalf of The Lions Eye Institute of
Western Australia Incorporated and Paul
Phillip Van Saarloos

For receiving Office use only		2. Drawings <input type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority specified by the applicant: ISA/		
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		

For International Bureau use only	
Date of receipt of the record copy by the International Bureau:	